

Medical Marihuana Facility Permit Application

130 N. Nottawa Street
 Sturgis, MI 49091
 www.sturgismi.gov



Date Received:	Type of Application:	Date Fees Paid: _____
	<input type="checkbox"/> New Application	Collected By: _____
	<input type="checkbox"/> Renewal Application	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Time:	<input type="checkbox"/> License Modification	

Type of Permits - check only one (1) - All application Fees are non-refundable
Each facility type requires separate permit applications.

	License Type	Description of License
<input type="checkbox"/>	Grower Class A	Grower license authorizes the grower to grow not more than 500 marihuana plants.
<input type="checkbox"/>	Grower Class B	Grower license authorizes the grower to grow not more than 1,000 marihuana plants.
<input type="checkbox"/>	Grower Class C	Grower license authorizes the grower to grow not more than 1,500 marihuana plants.
<input type="checkbox"/>	Processor	License authorizes purchase of marihuana from grower and sale of infused-products or marihuana to a provisioning center.
<input type="checkbox"/>	Secure Transporter	License authorizes storage and transportation of marihuana and associated money between facilities.
<input type="checkbox"/>	Provisioning Center	Licensee can sell marihuana to qualified patient or primary caregiver.
<input type="checkbox"/>	Safety Compliance Facility	License authorizes the facility to receive marihuana from, test marihuana for, and return marihuana to only a marihuana facility.

Facility Information

Facility Name	Parcel ID #
Facility Street/Site Address	Zoning District
Will this facility be co-located with another facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If answered yes, please provide name, address and type of facility to be co-located with.	

Applicant Information

Applicant Name		Applicant Email		
Company Name		Applicant Phone Number		
Address	City	State	Zip Code	

Application Contact

Please provide a contact person who is authorized to discuss and answer questions regarding this application. You must include their contact information. This is the email and mailing address we will use for correspondence regarding your application including, but not limited to, confirmation of this application, requests for further information, missing information, denials and approvals.

Authorized Application Representative	Representative Phone Number	Representative Email Address	
Physical Address (Street No. and Name)			
City	State	Zip Code	
Mailing Address (Street No. and Name or P.O. Box)			
City	State	Zip Code	

Entity Structure

<input type="checkbox"/> C Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Trust
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Individual/ Sole Proprietorship	<input type="checkbox"/> Partnership	

The following documents for the entity must be included with this application:

- Official business registration document (e.g., certificate of incorporation, operating agreement/document)
- Copy of bylaws or other governing documents
- Certificate of Good Standing from the State of Michigan and any other states entity operates in
- Certificate of Assumed Name (if applicable)
- Pre-qualification for the entity issued by the State of Michigan

Applicant and Person or Persons Associated with Applicant Information

Information for all applicants and person or person's associated with applicant, as defined in Article IV, section 38.92 (b) (1), applying for a municipal license/permit must be provided. If a holding company has ownership interest in the licensed business, list that company and its ownership percentage as well. Each applicant and person or person associated with the applicant must complete the Consent for Background Investigation.* Attach additional sheets, as necessary.

Name		Maiden Name or Aliases		
Date of Birth	Social Security Number	Drivers License Number**		State Issued
Home Address		City	State	Zip Code
Personal Phone Number	Email Address	Title		% of Ownership
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the spouse must complete pages 3 and 4 and provide a copy of Driver's License or State issued identification.				
** A copy of Driver's License or State issued identification will be required with this application.				

Background Information

Yes Have you within the past ten (10) years, been convicted of a felony or released from incarceration involving a controlled substance under the laws of this state, any other state, or the United States?
 No

If YES, provide details on separate sheet of paper.

Yes Have you within the past five (5) years, been convicted of a misdemeanor involving a controlled substance, theft, dishonesty, or fraud in any state or having been found responsible for violating a local ordinance in any state involving a controlled substance, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state?
 No

If YES, provide details on separate sheet of paper.

Yes Have you previously operated in the City of Sturgis or any other County, City, or State under a Commercial Medical Marihuana Facility or Adult Use Recreational Use Marihuana Establishment?
 No

If YES, provide detailed information regarding your involvement in any other Commercial Medical Marihuana Facility or Adult Use Recreational Marihuana Establishment in any other jurisdiction within the State, or another State below. Attach additional sheets of paper if needed.

Establishment Name	Type of License	Address	Start Date	License Valid (Y/N)
Describe Involvement in Above				
Establishment Name	Type of License	Address	Start Date	License Valid (Y/N)
Describe Involvement in Above				

Yes Have any of the previously issued licenses or permits mentioned above been revoked or suspended?
 No

If YES, provide an explanation for revocation/suspension on a separate sheet of paper.

Consent for Background Investigation

I, _____
Applicant Applicant Title

authorize the City of Sturgis and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant's eligibility for a marihuana facility registration and license.

I understand that by signing this authorization, a criminal history check will be performed. I authorize the City of Sturgis to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain a listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or nonpublic" under the provisions of state or federal laws.

Therefore, the Sturgis Police Department is hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the City of Sturgis, provided he or she certifies to you that said applicant or related entity has an application pending before the City of Sturgis or that said applicant or related entity is a licensee or other person required to be qualified under the provisions of the Michigan Medical Marihuana Facilities Licensing Act (MMFLA).

This authorization shall supersede and countermand any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.

Applicant Signature	Applicant Printed Name	Date
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Subscribed and sworn to by _____ before me on _____.
(applicant name) (date)

_____ Notary Public Signature	_____ Notary Public Printed Name
State of _____, County of _____, Acting in County of _____, (county) (state)	

Property Information

Building is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Purchase Agreement	Property Owner Name:	
	Date of Purchase:	
	If Leased or Purchase Agreement complete the following; also provide copy of signed lease/purchase agreement and a notarized statement from the owner of such property authorizing the use of the property for a Commercial Medical Marijuana Facility.	
	Property Owner Name:	
	Property Owner Phone Number:	Property Owner Email Address:

Required Spacing - Growers (Class A, B and C), Processors, Secure Transporters, and Safety Compliance Facilities

Yes Is the facility located within 1,000 feet of any school?
 No

Required Spacing - Provisioning Centers

Yes Is the facility located within 1,000 feet of any school?
 No

Yes Is the facility located within 250 feet of any Township residence or Township district zoned for residential use?
 No

Yes Is the facility located within 250 feet of any public park?
 No

Yes Is the facility located within 250 feet of any church or house of worship?
 No

Yes Is the facility located within 250 feet of any City residence or City district zoned for residential use?
 No

Business Operations Schedule

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Security

Will security guards be provided? Yes No If YES, how many?

Days and Hours Security Guards will be provided

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start							
End							

Provide a detailed description of the security plan for the proposed business. (Attach additional sheets as necessary.)

Name of security guard person or company	MI Business License #	Phone Number	
Address	City	State	Zip Code

NOTE: The company must have a valid business license in the State of Michigan.

Name of security alarm systems	MI Business License #	Phone Number	
Address	City	State	Zip Code

NOTE: The company must have a valid business license in the State of Michigan.

Provide a list of all members with access to the surveillance camera system to be used (Attach additional sheets as necessary.)

1. _____ 4. _____ 7. _____

2. _____ 5. _____ 8. _____

3. _____ 6. _____ 9. _____

Please provide all required additional items as attachments to this application.

1. Comprehensive Business and Operating Plan.
 - a. Description of the type of marihuana facility proposed.
 - b. Staffing Plan; anticipated or actual number and job description of employees.
 - c. Description by category of all products to be sold.
 - d. Inventory and record keeping plan.
 - e. Provide a detailed description and plan of all equipment and methods that will be employed to stop any impact to adjacent uses, including enforceable assurances that no odors will be detectable from outside of permitted premises. This should also include information pertaining to provisioning centers that no odor shall be observed outside the building or adjacent tenant spaces.
 - f. Provide a detailed description of the plan to dispose of any marihuana and/or related byproducts that will be used at the facility.
2. Provide an Interior Floor Plan of the Facility; must be signed and sealed by a Michigan registered architect or professional engineer.
3. Provide a Site Plan as per City of Sturgis Zoning Ordinance, Article XII, Site Plan Review, section 1.1201.
 - a. Site plan must include the distance from the permitted premises and all applicable buffered uses identified in the City Code of Ordinances Section 38.92 (f) (5) unless those uses are greater than 1,500 feet from the permitted premises; must be signed and sealed by a Michigan registered architect or professional engineer.
 - b. Site plan must include the items identified in the City of Sturgis Zoning Ordinance, Article XV, Groundwater Protection, if located in the Wellhead Protection Area.
4. Provide the following details for Growers Class A, B, C and Processors:
 - a. Electric Department Pre-Application Approval of the electric systems ability to deliver the estimated energy to the establishment (Approval Form must be included).
 - c. Estimated water usage for the facility in gallons. Include the estimated average gallons per day and peak gallons per minute as well as estimated needs for fire suppression, if applicable.
 - d. Estimated waste water disposal in gallons.
5. Provide an affidavit that the following will be submitted prior to applying for a building permit:
 - a. A list of Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the facility.
 - b. A comprehensive report identifying all hazardous materials and processes that will be utilized by the facility. The list must include all cleaning supplies, as well as chemicals used and/or produced either as products or as waste products in the processes at the establishment. The report shall determine the acceptability of technologies, processes, products, facilities, materials and uses attending the design, operation, or use of a building or premises. All hazardous materials and chemicals must be listed as to how to handle the disposal of these materials. The opinion and report shall be prepared by a qualified third, person, firm or corporation approved by the City.
 - c. A waste water discharge permit will be obtained.
6. Provide any additional information that may be pertinent as per the City of Sturgis Code of Ordinances, Chapter 38, Article IV (38-92) or the Michigan Medical Marihuana Facility Licensing Act(s).

A Non-Refundable Application Review Fee of \$500.00 per facility type is required at time of application. When application documents are found to be complete and a Permit Slot is available, the remaining application fee is due within five (5) days.

Please submit your completed application, all required documents and required fees to:
Community Development Department
City of Sturgis
130 N. Nottawa
Sturgis, MI 49091

If you have any questions, please contact the City of Sturgis Community Development Department at 269-659-7230.

NOTE: By submitting an application you:

1. Agree as a condition of being issued a medical marihuana facilities permit to not violate any of the laws of the State of Michigan or the ordinances of the City of Sturgis in conducting the business in which the permit will be used, and acknowledge that a violation of state law or local ordinance on the premises may be cause for objecting to renewal of the permit, or for requesting revocation of the permit.
2. Acknowledge that you understand that the issuance of a medical marihuana permit by the City of Sturgis is not intended to grant, nor shall be construed as granting immunity from criminal prosecution for growing, sale, consumption, use, distribution, or possession of marihuana in any form or manner that is not in compliance with the Michigan Medical Marihuana Act, MCL 333.26421 et seq., the Medical Marihuana Facilities Licensing Act, MCL 333.27101 et seq., the Marihuana Tracking Act, MCL 333.27901 et seq., and all other applicable rules promulgated by the State of Michigan, or from criminal prosecution or the seizure of property by federal authorities under the Federal Control Substances Act.
3. Acknowledge that you are aware and understand that no marihuana facilities permit may be transferred, sold, or purchased without making application to and obtaining approval of the City of Sturgis.
4. Acknowledge that you understand that you have a continuing duty to provide the City of Sturgis at all times during the application period and during its operation to immediately provide the City with all material changes in any information submitted on an application and any other changes that may materially affect any State license or its City permit.
5. Agree to completely release and forever discharge the City of Sturgis and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of actions, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether bases on a tort, contract or other theory of recovery, which you may now have, or which may hereafter accrue or otherwise by acquired, on account of, or may in any way arise out of your application for a marihuana facility permit and, if issued a permit, your operation of a marihuana facility.
6. Acknowledge that you understand that the City of Sturgis, its agents, officers and employees cannot provide any legal advice to you regarding your application or interpretation of any City ordinance. Further, the City of Sturgis, its officers, agents and employees are under no obligation to provide information to you with regard to other potential or pending applications and can provide no assurance or guarantee that any particular property within the City will comply with any particular zoning or other ordinance requirements in advance of reviewing all applications.

I have read, understand, acknowledge and agree to the preceding statements: YES NO

Oath of Applicant

I declare under penalty of perjury, as set forth in MCL 750.423, that this application and all attachments are true, correct and complete to the best of my knowledge. I acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Michigan Marihuana Facilities Licensing Act, Public Act 281 of 2016 and the City of Sturgis Ordinances which govern my license.

Signature		Date
Printed Name	Title	